

**Annual List of Rule-Making Activity**  
**Rules Adopted January 1, 2014 to December 31, 2014**  
*Prepared by the Secretary of State, pursuant to 5 MRSA, §8053, sub-§5*

**Agency name:** Maine Health Data Organization  
**Umbrella-Unit:** **90-590**  
**Statutory authority:** 22 MRSA §8704 sub-§4; §8706 sub-§2  
**Chapter number/title:** **Ch. 10**, Determination of Assessments  
**Filing number:** **2014-072**  
**Effective date:** 4/23/2014  
**Type of rule:** Routine Technical  
**Emergency rule:** No

**Principal reason or purpose for rule:**

This rule change is intended to more accurately reflect the agency's financial position by moving from cash to an accrual accounting structure. There is no fiscal impact on state municipalities, counties or businesses.

**Basis statement:**

This rule identifies those health care providers, health insurance entities, carriers that provide only administrative services for a plan sponsor, and third-party administrators required to pay annual assessments for the operational costs, which include staff salaries, administrative expenses, data system expenses, and consulting fees of the Maine Health Data Organization. This rule also establishes the process for determining individual assessments for each entity and the timetable for payment.

This rule change is intended to more accurately reflect the agency's financial position by moving from cash to an accrual accounting structure. This change is intended to provide for a more accurate reflection of the MHDO's finances at the end of the fiscal year.

**Fiscal impact of rule:**

There is no fiscal impact on state municipalities, counties or businesses.

**Annual List of Rule-Making Activity**  
**Rules Adopted January 1, 2014 to December 31, 2014**  
*Prepared by the Secretary of State, pursuant to 5 MRSA, §8053, sub-§5*

**Agency name:** Maine Health Data Organization  
**Umbrella-Unit:** **90-590**  
**Statutory authority:** 22 MRSA §§ 8703(1), 8704(4), 8708(6-A), 8712(2)  
**Chapter number/title:** **Ch. 243**, Uniform Reporting for Health Care Claims Data Sets  
**Filing number:** **2014-100**  
**Effective date:** 5/27/2014  
**Type of rule:** Routine Technical  
**Emergency rule:** No

**Principal reason or purpose for rule:**

This rule amendment changes the file specifications and mapping, as mandated by the U.S. Department of Health & Human Services (45 C.F.R. Part 162), in order to accommodate the implementation of the *International Classification of Diseases*, 10th Revision, “Clinical Modification” (ICDIO-CM).

**Basis statement:**

This rule explains the provisions for filing health care claims data sets from all third-party payers, third-party administrators, Medicare health plan sponsors and pharmacy benefits managers.

This rule amendment will change the file specifications and mapping, as mandated by the U.S. Department of Health & Human Services (45 C.F.R. Part 162), in order to accommodate the implementation of the *International Classification of Diseases*, 10th Revision, “Clinical Modification” (ICD-10-CM).

These changes are intended to give payers direction and time to implement modifications to their reporting systems, required by 10/01/2014.

**Fiscal impact of rule:**

There is no fiscal impact on state municipalities, counties or businesses.